

Case Number:	CM13-0055544		
Date Assigned:	12/30/2013	Date of Injury:	05/18/2012
Decision Date:	03/28/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53-year-old female who reported an injury 05/18/2012 due to a motor vehicle accident that reportedly caused injury to the patient's neck and low back. Previous treatments have included physical therapy, medications, and injection therapy. The patient ultimately developed chronic migraines. The patient's most recent clinical evaluation documented that the patient had limited cervical range of motion secondary to pain and limited lumbar range of motion secondary to pain. The patient's diagnoses included degenerative cervical intervertebral disc disease, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, and lumbar radiculopathy. The patient's treatment plan included peripheral stimulation for chronic migraines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Peripheral stimulation for chronic migraines QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Electrical stimulation. Silberstein, S. D., Dodick, D. W., Saper, J., Huh, B., Slavin, K. V.,

Sharan, A., & Mekhail, N. (2012). Safety and efficacy of peripheral nerve stimulation of the occipital nerves for the

Decision rationale: The Official Disability Guidelines do not recommend electrical stimulation in the treatment or prevention of migraine headaches due to lack of scientific evidence to support efficacy and safety over oral medications. The clinical documentation submitted for review did not provide any evidence that the patient had failed to respond to oral medications. Additionally, the clinical documentation does not provide an adequate assessment of the patient's migraine headaches to determine the need for additional treatment. Additionally, a peer reviewed article titled "Safety and efficacy of peripheral nerve stimulation of the occipital nerves for the management of chronic migraine: results form a randomized, multicenter, double-blinded, controlled study," stated that although this type of treatment has shown promising results, further scientific data needs to be gathered to support efficacy of this treatment beyond an investigational treatment. Therefore, treatment would not be supported. As such, the requested peripheral stimulation for chronic migraines is not medically necessary or appropriate.